

Entered - 7-9-01 - sb
CL - 01L0433 ALEXIS HOLMES

01-*R*-1380

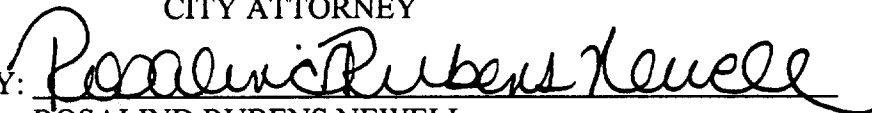
CLAIM OF: **PACKAGING CORP OF AMERICA**
C/O RANDY INHULSEN
3200 Lakewood Avenue
East Point, Georgia 30344

For damages alleged to have been sustained as a result of a vehicular accident on May 21, 2001 at 2976 Margaret Mitchell Court, NW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **PACKAGING CORP OF AMERICA C/O RANDY INHULSEN** the sum of **\$963.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for **damages alleged to have been sustained as a result of a vehicular accident on May 21, 2001 at 2976 Margaret Mitchell Court, NW** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0433

Date: 8/2/01

Claimant /Victim PACKAGING CORP OF AMERICA C/O RANDY INHULSEN

BY: (Atty)(Ins.) _____

Address: 3200 Lakewood Avenue East Point, Georgia 30344

Subrogation _____ Claim for Property damage \$ 963.00 Bodily Injury \$ _____

Date of Notice: 6/29/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/21/01 Place: 2976 Margaret Mitchell Court, NW

Department Police Division: Field Operations Division

Employee involved Officer Robert McManis Disciplinary Action: Pending

NATURE OF CLAIM: The claimant sustained damages when a City of Atlanta police officer was backing up a City vehicle and he struck the claimant's parked vehicle, and as a result the claimant incurred damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant X Other _____ Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City _____ Pending _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

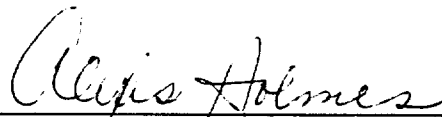
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 963.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08-03-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUN 29 2001

RE: CLAIM FOR DAMAGES

Today's Date: 6/2/01

Holmes
07/09/01

MUNICIPAL CLERK ENTERED - 7-9-01 - SB
01L0433 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 963.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 5/21/01 2. Time of Incident: 5:20 AM 3. Police called: ✓
(month/day/ year) Yes No

4. Location of incident (including street address): 2976 MARGARET MITCHELL CT, ATL GA 30318

5. Name of your insurance company: N/A Policy No. _____

6. State what and how incident occurred: _____

POLICE OFFICER BACKED INTO REAR BUMPER, DAMAGE CICA HUMBER
011460569. PICTURES & DETAIL REPORTS ON FILE W/ POLICE DEPT. MY
VEHICLE WAS DAMAGED AS ACCIDENT OCCURRED. SH

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 0806C IMPACT 2001 STEVE HOSON
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: POLICE SERGEANT 011460569
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above. Packaging Corp of Amer.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

STEVEN N. HOSON
(Print Claimant's Name)

2976 MARGARET MITCHELL CT
(Address)

ATLANTA, GA 30327
(City, State and Zip Code)

678-361-4750
(Work Number) (Home Number)

01-L-1380